





## This Training is Designed for Service Providers:

- What is Performance Based Contracting
- How are the Tools Chosen & Created
- What is the Importance of the Performance Measure Table
- Data Entry Practices & Tips
- Submitting & Approval Process
- Value of Data
- Resources Available





### **☐** Regulating Outcome Measures

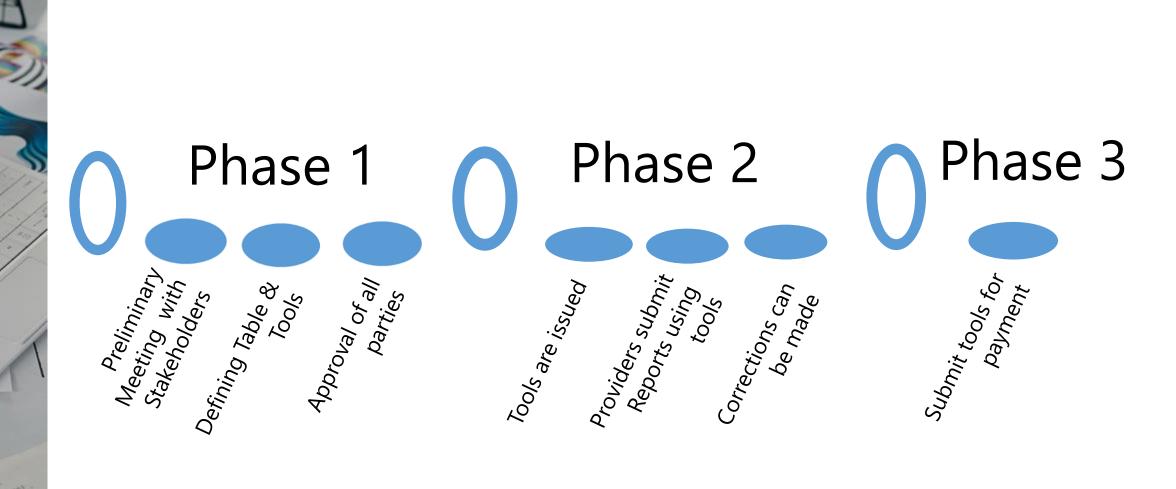
 Different providers often measure things differently, making it hard to compare effectiveness

### □ Receive Monetary Payments for Achieving Goals

• Generally, 10% of funding is withheld and awarded when outcomes are reached.



## Implementation Timeline



## **Phases of Implementation**

## Phase 1

# All Stakeholders Agree to:

- Identify Performance
   Based Outcomes
- Create Table
- Create Tools

*Approximately 3-6 months* 

## Phase 2

### **Utilizing the tools to:**

- Better Understand
   Benchmarks
- Correct Any Errors
- Establish Quality
   Reporting Practices

Approximately one year

## Phase 3

### **Utilize the tools to:**

- Provide Evidence for Performance Based Payment
- Provide Data for Logic Model
- Inform Action Plans
- Promote the Success of your Program(s)



### ☐ Fun Facts:

- Provider Leadership is engaged in the process from the start.
- Benchmarks are set from years of previous reports from programs, research, and counties needs
- Consumer input with providers particularly important
- Tools get approval from all parties then formulas are entered





The Table is a guide on how to fill out the Performance tools.

When completing the tools,

it is important to keep a copy of it with you for reference.

COLLECTION TOOLS SUBMISSIONS to DHHS -

Purchase of Service Contract

4/25/16, UPDATED Jan 2017, UPDATED May 2017, JANUARY 2018

PERFORMANCE MEASURES TABLE (use this table as a guide to collect and report outcomes, i.e., collection tools and logic model)

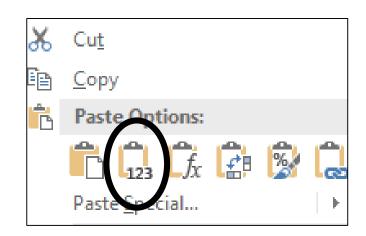
WCS - ALTERNATIVE SANCTION PROGRAM											dhhsPERF@milwaukeecountywi.gov •			
1	2	3	4	5	6	7	8	9	10	П	12	13	14	15
	EXPECTED OUTCOME/or OUTPUTS (specific ways in which clients are expected to benefit)	DESCRIPTION	INDICATORS	Protocols for Outcome Measurement	PERFORMANCE STANDARD (EXPECTED LEVELS OF OUTCOME ACHIEVEMENT)	NUMERATOR - /SOURCE	DENOMINATOR - /SOURCE	EXCLUSIONS	CALCU- LATION	SOURCE DOCUMENT	COLLECTIO N TOOL	REPORTING TOOL	REPORTING FREQUENCY OF AGENCIES TO DHHS	INCENTIVE- BASED (Y/N)
=	Youth will not have a re-offense during program participation		Number and percent of youth who have new petition filed, Deferred Prosecution Agreement, adjudication in juvenile court or adult criminal prosecution during		80% will not have a re-offense during program participation	No. of Youth displaying no incidence of re- offense	Total No. of Youth who have completed program during report period		% Compliance = Num/Denom minus (-) any Exclusions	DCSD Data Base	D-ASP-3	same as above	same as above	Y
IV	Youth will be successfully contacted within 48 hours of receiving a referral	All contacts and attempts must be documented. At least 3 methods of contact must be made within 48 hours of receipt of referral	Number and percent of youth were successfully contacted (within 48 hours of receipt of referral from DCSD)		90% of youth will be successfully contacted within 48 hours of receiving a referral	No. of Youth successfully contacted within 48 hours of receiving referral	Total No. of Youth referred to program during review period			Progress Note, SPEP Tool	D-ASP-4	same as above	same as above	Y



## Data Entry Practices & Tips



- Gray Areas are where you are able to enter Data
- You can copy and paste data, but <u>be careful</u>
   (Use **VALUE** command)
- Mark X for active clients (indicates to the formula clients who should be recorded for that quarter)



### Don't

- Leave Any Rows Blank
   Example: no youth listed in line 6, but youth listed in Row 7
- Cutting and Pasting Inside Tools Cause Formula Problems
- Yellow Areas are locked these are pre-filled formulas





**Standard Exclusions** – Identified on Performance Measure Table

Are youth that will be eliminated from the record due to special circumstances

Example: a youth who was not enrolled in school on an attendance measure

**Specialized Exclusions** are possible on a case by case basis.

- If the provider feels that a youth needs to be excluded, a provider must seek approval from Administrative Coordinator, this must be requested prior to submission of tools
- QA will assist the Administrative Coordinator by investigating these exclusions, and providing a recommendation.
- Administrative Coordinators are the only people who can approve an exclusion.

Example: a youth was hospitalized and was unable to attend programming

## QA's Response to Specialized Exclusion

**Specialized Exclusions** are possible on a case by case basis, must be submitted for review prior to tool submission.

- QA will assist the Administrative Coordinator (AC) by investigating these exclusions
   QA staff will research youth, confirming information presented by the provider.
   Sufficient evidence from HSW or court/ referral documents needed.
   Case notes from Provider alone is generally not enough.
- 2. QA will provide a recommendation to AC.
- 3. AC will approve or deny
- 4. QA or AD will communicate the result to provider.

Exclusion requests may include youth who were Missing, in DT, had a traumatic event, emergency, medical procedure, or HSW withdrew services for additional reasons.

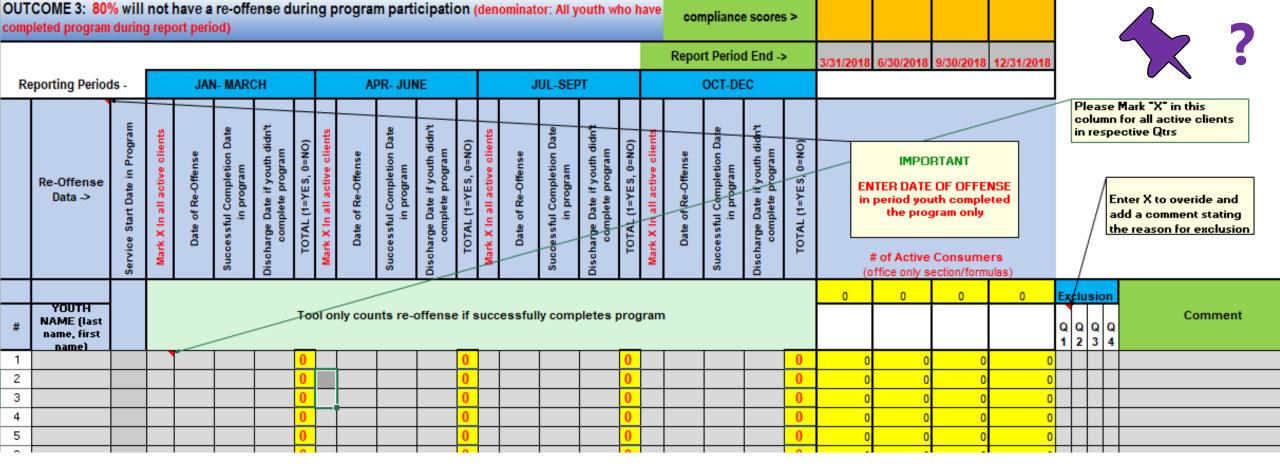


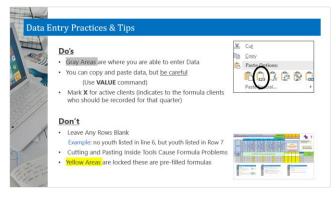
**Comments** – Information important to the measure

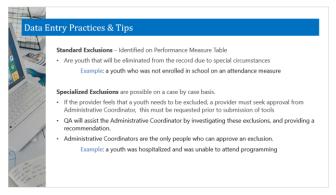
- Dates youth are in DT
- Dates Youth were Missing = Had a Capias issued (formerly identified as AWOL)
- Contact Attempts
- Reasons for discharge
- Any approved exclusions include who approved and the date it was approved

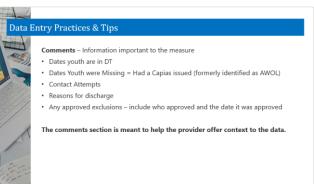
The comments section is meant to help the provider offer context to the data.











### WCS - ALTERNATIVE SANCTION PROGRAM - REVISED JUNE, 2017, UPDATED JAN 2018

OUTCOME 4: 90% of youth will be successfully contacted within 48 hours of receiving a Referral (denominator: all youth referred during report period)								***	< cell(s) will			
of receiv	ving a Referral (de	nominatur:	all youth	referred	חת	automatically fill - formula						
					3/31/2018							
	MUST CONDUCT AT LEAST 3 METHODS OF CONTACT within 48 hours/unless successful	Receipt of Referral to Program From DYFS	Date of 1st Face-to-Face Attempt	Date of 1st Phone Attempt	Date of 1st Written Attempt	Date of 1st HSW Attempt	Successful Date of Contact		Yellow Cells contain formulas, enter values in Grey Cells only  Enter X to overide and add a comment stating the reason for exclusion			
#	YOUTH NAME (last name, first name) v		Dates v						Exception	Comment		
1								X				
3								X				



## **Summary Form Instructions**

Instructions											
1 Agency to submit a summary sheet filled with % achieved from tools along with Performance tools.											
	2 The Summary sheet and performance tools should be emailed by last Monday of following month after Reporting Period ends to DHHSPERF@milwaukeecountywi.gov										
Example if report period ends March 31, the tools and summary are due by last Mo										ori	
3 Tools and Summary for each program of each division should be sent in a separate email, with subject line reading: Year Division Program period ending Agency e.g. 2017 HD Support Service Mar-Agency											
T											
4 If Tools are revised or updated for any reason after first submission, please resubmit that tool (s) along with the summay to email: DHHSPERF@milwaukeecountywi.gov the word REVISED should by added to the subject line of the email											
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## **Summary and All Tools Must be Submitted to**

DHHSPerf@milwaukeecountywi.gov

### **Quarterly Reporting Due Dates:**

Q1= Jan 1- March 31st

**Due**: Last Monday in April

Q2= April 1 - June 30<sup>th</sup>

**Due:** Last Monday in July

Q3= July 1- Sept 30<sup>th</sup>

**Due:** Last Monday in Oct

Q4= October 1- Dec 31st

Due: Last Monday in Jan

Example Subject Line: 2018 DYFS Alt. To Sanctions June - WCS

## Administrative Coordinator Outlier Approval Process

Providers are expected to contact the assigned Administrative Coordinator PRIOR to the submission date in the event you are in need of:

- An Extension
- An Exclusion
- Approval of Program Changes that would Effect Performance Measurement Tools



The assigned Administrative Coordinator will inform contract management and the QAS of Approvals or Denials of requests.

#### **Summary of Performance Outcomes and Incentives** Division DYFS Q for Quarterly reporting outcomes Mar, Jun, Sep, Dec Program Alternative Sanction Program S for Semi Annual reporting outcomes Agencies need to fill blue area with Wisconsin Community Service, Inc. Outcome achieved % from collection A for Annual reporting outcomes Dec tools and submit with Collection tools to DHHS staff entry email: Agency Entry Base Contract Amount DHHSperf@milwaukeecountywi.gov Performance Incentive Amount Formula Total Contract Approved Outcom Annual Outcom **Brief Outcome Description** Standar Reportin Incentive Incentive Dec 31 Avera Sep 30 Number d % g Interva Based Budget Mar 31 Jun 30 Tool# Column 1 Column 12 Column 6 Column 14 Column 15. Performanc Performanc Performar Performan Performan ce Table ce Table ce Table e Table e Table Enter % achieved from C mection tool Column 2 Performance Table Enter Q or S or A Y/N S 1 Youth enrolled will successfully complete the program D-ASP-1 65% O 2 Youth receiving services will demonstrate improved accountability, awareness, and D-ASP-2 80% Q decision-making regarding behavior leading to 3 Youth receiving services will not have a reoffense during program participation D-ASP-3 80% Q 4 Youth will be successfully contacted within 48 hours of receiving a referral D-ASP-4 90% O 0% 10 Enter total Annual incentive amount here -> Difference

## **Summary Form**

Provider enters Compliance score from each tool each Review period

The Summary Form will automate the average for the year, and the amount earned.

This information will also be necessary for your accounting/billing departments

## **Approval Process**



## **Submit**

Email All Tools and Summary to DHHSPerf

## DYFS Review

QA and AC will review and approve all submitted Documents

## Approval Or Revisions

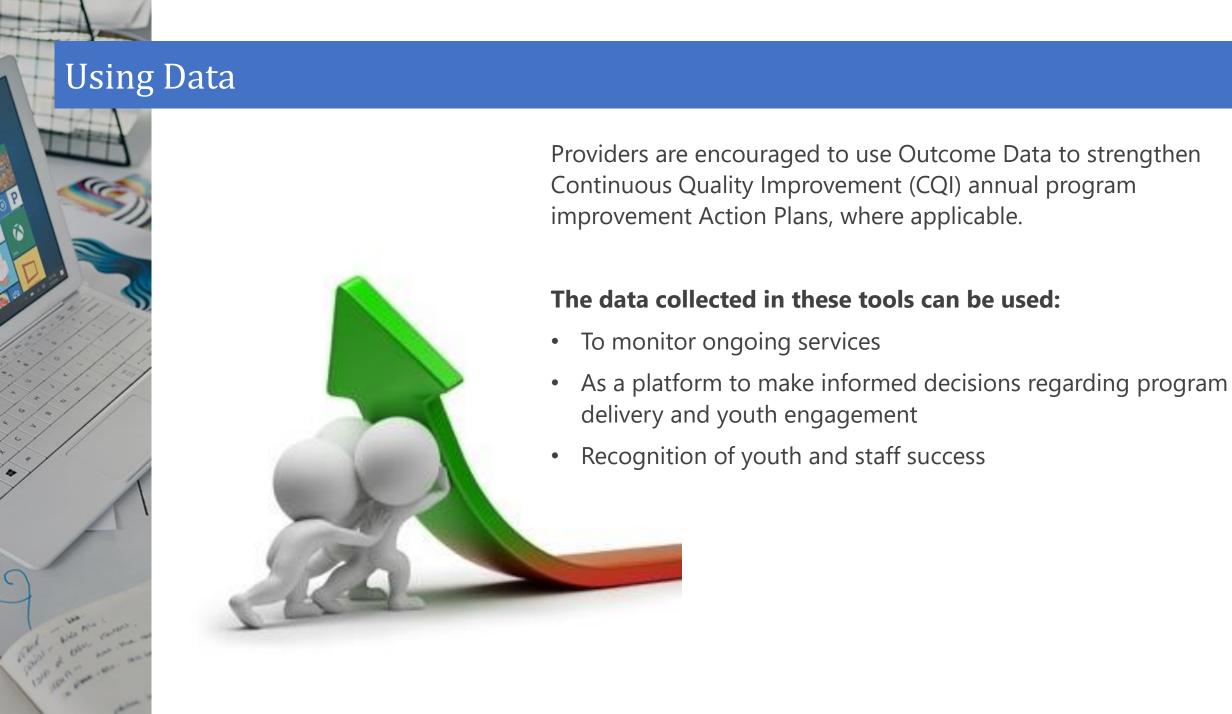
If errors are found Providers will be asked to re-submit with corrections

## **Awarded**

Approved outcomes will be paid by Contract

Management









### Resources

### **Katie Rose**

**Quality Assurance Specialist** 

Division of Youth and Family Services – Milwaukee County DHHS

\*Email: <u>Katherine.Rose@milwaukeecountywi.gov</u>

### **Contacts info for Administrative Coordinators:**

http://county.milwaukee.gov/DSDContact9865.htm

### **Continuous Quality Improvement Link:**

http://county.milwaukee.gov/DelinquencyampCourtS7764/Continuous-Quality-Improvement-CQI.htm

### **Niatx Model**

https://niatx.net/Home/Home.aspx